

Attorney Docket No. TJK/400

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Ray BLOTTEAUX

Attorney Docket No.: TJK/400

Application No.: 10/624,116

Group Art Unit: 3711

Filed: July 21, 2003

Examiner: Mark S. Graham

Title: IMPACT LAYER TECHNOLOGY SHAFT

**TRANSMITTAL LETTER**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
**Mail Stop: FEE AMENDMENT**

Sir:

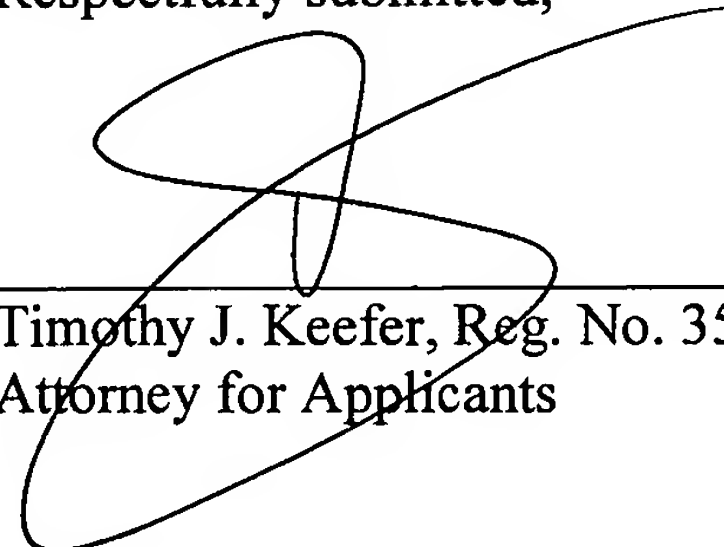
Please find enclosed the following documents pertaining to the above-referenced application:

- \*Transmittal Letter (in duplicate);
- \*Fee Transmittal (in duplicate);
- \*Petition for Extension of Time (three-month);
- \*Response to Official Action
- \*Check for \$1,020.00 (three-month extension)
- \*Certificate of Mailing; and
- \*Return Postcard

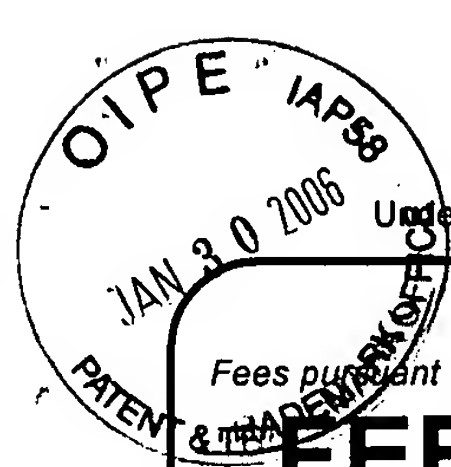
The Assistant Commissioner is hereby authorized to charge the necessary extension fee to Deposit Account 19-1351. In the event of non-payment of a required fee, the Assistant Commissioner is hereby authorized to charge Deposit Account No. 19-1351 as required to correct the error.

Respectfully submitted,

Date: 1/25/06

By:   
Timothy J. Keefer, Reg. No. 35,567  
Attorney for Applicants

SEYFARTH SHAW LLP  
55 E. Monroe Street, Suite 4200  
Chicago, Illinois 60603  
(312) 346-8000



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**for FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

**Complete If Known**

Application Number	10/624,116
Filing Date	July 21, 2003
First Named Inventor	Ray BLOTTEAUX
Examiner Name	Mark S. Graham
Art Unit	3711
Attorney Docket No.	TJK/400

TOTAL AMOUNT OF PAYMENT	(\$) <u>1,020.00</u>
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**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 19-1351    Deposit Account Name: Seyfarth Shaw LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
_____ - 20 or HP = _____	x _____	= _____	_____

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
_____ - 3 or HP = _____	x _____	= _____	_____

HP = highest number of independent claims paid for, if greater than 3

**Small Entity**

<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25
200	100
360	180

**Multiple Dependent Claims**

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____

**3. APPLICATION SIZE FEE**  
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/50= _____	(round up to a whole number) x _____	= _____	_____

**4. OTHER FEE(S)**

**SUBMITTED BY**

Signature	Registration No. <u>35,567</u> (Attorney/Agent)	Telephone <u>312-346-8000</u>
Name (Print/Type) <u>Timothy J. Keefer</u>	Date <u>1/25/06</u>	